## MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

1.	PLACE OF BEATH		74	(63697)
	County	Registration District No.	101	File No
	Township	Primary Registration Dist	rict No. 3012	Registered No
	as The graph of		*	St. Ward)
2	FULL NAME JOBEL	/ Vice	uu ·	
(a) Residence. No				If nonresident give city or town and State)
L	ength of residence in city or town where death occurred	yrs. mes.	ds. How long in U.S., if	
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
4. SOCOR OF RACE 5. STALE, MARRIED, WIDOWE OR DATE (write the word)			6. DATE OF DEATH (MONTH, E	DAY AND YEAR) 1973
//	lass Where Ma	(2) 24 22 30 30 1 1 1 -	7.	
5A.	IF MARRIED, WIDOWED, OR DIVORCED	<u>ous</u>	I HEREBY CERT	1FY, Top I attended deceased from May 14
HUSBAND OF (OR) WIFE OF			that I last saw h. him alive on 1	
_	70		all occurred, on the date stated ab	
	DATE OF BIRTH (MONTH, DAY AND YEAR)	10/2	THE CAUSE OF DEATH	
7. AGE YEARS MONTHS DATS II LESS than 1 day,			hronia Inter	Leand Haplistic with
	<b>3</b> /	min.	high blood &	kersun ,
8.	OCCUPATION OF DECEASED	~	121	
	(a) Trade, profession, or		1900	(30-)
perticular kind of work			U. 11-	(duration) yrs. toss. de.
(b) General nature of industry, business, or establishment in			ONTRIBUTORY / VILLA (SECONDARY)	io Melarosis -
which employed (or employer)				(duration)
(c) Name of employer			18. Where was disease contracted	
9. BIRTHPLACE (CITY OR TOWA 2			IF NOT AT PLACE OF DEATHT	
(STATE OR COUNTRY)			DID AN OPERATION PRECEDE DEATHY. DATE OF	
1	10. NAME OF FATHER		•	
2		are all	WAS THERE AN AUTOPSYT	
	11. BIRTHPLACE OF FATHER (CITY OR TOWN)		WHAT TEST CONFIRMED DIAGNOS	
PARENTS			(Signed)	E seven M.D
PAF			, 19 (Address) Ø	Riberty Mes
	13. BIRTHPLACE OF MOTHER (CITY OF TOWN)		*State the Disease Causing Drave, or in deaths from Violent Causes, state	
	(STATE OR COUNTRY)		(1) MEANS AND NATURE OF INJ HOMICIDAL. (See reverse side for ad	URY, and (2) whether Accidental, Suicidal, or iditional space.)
14. Williams			9. PACE OF BURIAL CREMA	
	INFORMANT (Address)	7/2	F	Jane 16 19 73
15.	181 Contractor		, annu	
FILED 0/19/2 Washam			O. UNDERTAKER	aproness.
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## Revised United States Standard Certificate of Death

(Approved by U. S. Census and American Public Health Association.)

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomotive Engineer, Civil Engineer, Stationary Fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry. and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factoru. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, Laborer - Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework or At home, and . children, not gainfully employed, as At school or At home. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (retired, 6 yrs.) For persons who have no occupation whatever, write None,

Statement of Cause of Death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitls"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report

"Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of . . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasma); Measles: Whooping cough: Chronic valvular heart disease: Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions. such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "Puerperal peritonitie," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS State MEANS OF INJURY and qualify 88 ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF 88 probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train-accident: Revolver wound of headhomicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus), may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Note.—Individual offices may add to above list of undesirable terms and refuse to accept cartificates containing them. Thus the form in use in New York City states: "Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, celluitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phiebitis, pyemia, septicemia, tetanus." But general adoption of the minimum list suggested will work vast improvement, and its scope can be extended at a later date.